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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. <b>TRAUMA 3.0-433</b>																												
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Nils Zander																												
		Title <b>TARGETING DEVICE FOR A LOCKING NAIL</b>																												
		Express Mail Label Nr. <b>EV342607695US</b>																												
<b>APPLICATION ELEMENTS</b> <p>See MPEP chapter 600 concerning utility patent application contents.</p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <b>16</b>] (preferred arrangement set forth below)           <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement re: Priority (e.g., 35 U.S.C. 119(e) R &amp; D)</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>3</b>] (Newly executed (original or copy))           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))</li> <li>b. <input type="checkbox"/> (for continuation/divisional with Box 18 completed)               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p> <p>5. Oath or Declaration [Total Sheets <b>1</b>]           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> (for continuation/divisional with Box 18 completed)               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.66</p> <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation    <input type="checkbox"/> Divisional    <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____</p> <p>Prior application information: Examiner _____ Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																														
<b>19. CORRESPONDENCE ADDRESS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td> <td style="width: 25%; padding: 5px; text-align: center;"></td> <td style="width: 50%; padding: 5px; text-align: center;">000530</td> </tr> <tr> <td colspan="2"></td> <td style="padding: 5px;">or <input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Name _____</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Address _____</td> </tr> <tr> <td style="width: 25%; padding: 5px;">City _____</td> <td style="width: 25%; padding: 5px;">State _____</td> <td style="width: 50%; padding: 5px;">Zip Code _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Country _____</td> <td style="padding: 5px;">Telephone _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Signature _____</td> <td style="padding: 5px;">Fax _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Name (Print/Type) <b>Raymond W. Augustin</b></td> <td style="padding: 5px;">Registration No. (Attorney/Agent) <b>28,588</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Signature </td> <td style="padding: 5px;">Date <b>July 25, 2003</b></td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number or Bar Code Label		000530			or <input type="checkbox"/> Correspondence address below	Name _____			Address _____			City _____	State _____	Zip Code _____	Country _____		Telephone _____	Signature _____		Fax _____	Name (Print/Type) <b>Raymond W. Augustin</b>		Registration No. (Attorney/Agent) <b>28,588</b>	Signature		Date <b>July 25, 2003</b>
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